C.L. "BUTCH" OTTER - Governor RICHARD M. ARMSTRONG - Director DEBBY RANSOM, R.N., R.H.I.T – Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: (sb@dhw.idaho.gov

June 4, 2009

Ferren Weeks, Administrator Yellowstone Group Homes #1 (Springfield) 560 West Sunnyside Lane Idaho Falls, Idaho 83401

RE: Yellowstone Group Homes #1 (Springfield), Provider #13G063

Dear Mr. Weeks:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Yellowstone Group Homes #2 (Sunnybrook), on May 13, 2009.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. <u>It is important</u> that your Plan of Correction address each deficiency in the following manner:

- 1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
- 2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
- 3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
- 5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of

Ferren Weeks, Administrator June 4, 2009 Page 2 of 2

correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **June 17, 2009**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

TAYLOR BARKLEY Health Facility Surveyor

Jyh BM

Facility Fire Safety and Construction Program

TB/li

Enclosures

Printed: 06/04/2009

	MENT OF HEALTH S FOR MEDICARE						FORM	APPROVED 0. 0938-0391
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Any deficiency statement ending with an asterists denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS 2567(02-99) Previous Versions Obsolete

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If continuation sheet Page 1 of 5

	TMENT OF HEALTH					FOR	: 06/04/2009 MAPPROVED D: 0938-0391
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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/04/2009 FORM APPROVED OMB NO. 0938-0391

	NOF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			A. BUILDING	PLE CONSTRUCTION B 02,01		(X3) DATE SURVEY COMPLETED	
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FORM CMS-2567(02-99) Previous Versions Obsolete

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/04/2009 FORM APPROVED OMB NO. 0938-0391

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Yellowstone Group Homes

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DEPARTMENT OF HEALTH AND HUMAN SERVI	
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Comme James 6/16/09

6/16/09

Plan of correction for the fire life safety survey of Yellowstone Group Home #1 (Springfield) conducted May 13th of 2009.

Upon learning of the findings from the survey inspection on May 13th, 3-D Fire Protection the established inspection provider was contacted by the maintenance supervisor Matt Cordon. He discussed our deficiencies and scheduled a prompt inspection. The inspections were completed on May 20 of 2009. A copy of the inspection is enclosed. Mr. Cordon then discussed with the agency their records and lack of notification that the inspections were due. He also discussed the need to properly tag the system. All contact information was verified to ensure their ability to notify us in the future.

In addition the facility's preventive maintenance program will be revised by July 1 to definitely alert the maintenance supervisor of the due dates of preventive maintenance tasks not just leaving it up to contracted services. This will be accomplished by closely tying the preventive maintenance schedule to our monthly administrative calendar which is reviewed at least weekly by all the home administrators. Ferren Weeks the Regional Administrator will be responsible for its completion by July 1.

PRINTED: 06/04/2009 FORM APPROVED

Bureau d	: of Facility Standards					FORM	APPROVED
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